

State File No. 31850
8284

FILED OCT 10 1951

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| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | 1003 | | Registrar's No. | | 2219 | |
| 1. PLACE OF DEATH a. COUNTY | | | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | | | | |
| b. CITY OR TOWN St. Louis | | | | | | c. CITY OR TOWN St. Louis | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital | | | | | | e. STREET ADDRESS (If rural, give location) 1024 N. Leonard Ave. | | | | | |
| 3. NAME OF DECEASED (Type or Print) Elijah Sias | | | | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 16 1951 | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE Colored | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH December 14, 1895 | | 9. AGE (In years last birthday) 55 | | IF UNDER 18 HRS. Hours Days Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | | 11. BIRTHPLACE (State or foreign country) Washington County, Miss. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME Joseph Sias | | | | 13b. MOTHER'S MAIDEN NAME Hester | | | | 14. NAME OF HUSBAND OR WIFE Gertrude Sias | | | |
| 15. WAS DEPOSED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | | | 16. SOCIAL SECURITY NO. | | | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephine Jelk 1024 N. Leonard Ave. | | | |
| MEDICAL CERTIFICATION | | | | | | | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia | | | | | | | | | | | |
| ANTECEDENT CAUSES | | | | | | | | | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined | | | | | | | | | | | |
| DUE TO (c) | | | | | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | | | | | | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Infarct | | | | | | | | | | | |
| Interval between ONSET and DEATH 5 days | | | | | | | | | | | |
| Undet. | | | | | | | | | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | 21f. HOW DID INJURY OCCUR? 490X | | | |
| 22. I hereby certify that I attended the deceased from 9-13, 1951, to 9-16-1951, that I last saw the deceased alive on 9-16, 1951, and that death occurred at 1 a.m., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Lawrence W. Harrison M.D. | | | | | | 23b. ADDRESS 2601 N Whittier St | | | | 23c. DATE SIGNED 9-17-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Sept. 21, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park | | 24d. LOCATION (City, town, or county) St. Louis Co. | | (State) Mo. | | | |
| DATE REC'D BY LOCAL SEP 19 1951 | | REGISTRAR'S SIGNATURE J. Carl Smith MO | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Randle & Son 3133 Bell Ave. | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.